|  |  |   |                                      |                              |                              |                                    |          | Application or Docket Number |            |                        |                |                     |                        |  |
|--|--|---|--------------------------------------|------------------------------|------------------------------|------------------------------------|----------|------------------------------|------------|------------------------|----------------|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD  |  |   |                                      |                              |                              |                                    |          | D                            |            |                        |                |                     |                        |  |
| Effective October 1, 2003  |  |   |                                      |                              |                              |                                    |          |                              | 110,750944 |                        |                |                     |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                                      |                              |                              |                                    |          | SMALL ENTITY TYPE            |            | OR                     | OTHER<br>SMALL |                     |                        |  |
| TOTAL CLAIMS   |  |   | 17                                   |                              |                              |                                    |          | RATE                         |            | FEE                    | 1              | RATE                | FEE                    |  |
| FOR  |  |   | NUMBER F                             | ILED                         | NUMBER EXTRA                 |                                    |          | BASIC F                      | EE         | 385.00                 | OR             | BASIC FEE           | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | Of minus 20=                         |                              |                              |                                    |          | XS 9=                        |            |                        | OR             | XS18=               | 108                    |  |
| INDEPENDENT CLAIMS   |  |   | Z mir                                | nus 3 =                      | •                            |                                    |          | X43=                         |            |                        | OR             | X86=                |                        |  |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM PE                             | RESENT                               |                              |                              | Ø                                  |          | +145:                        |            | OR                     | +290=          | 250                 |                        |  |
| • If   | the difference                                 | in column 1 is I                          | ess than zero, enter "0" in column 2 |                              |                              |                                    |          | TOTAL                        |            | OR                     | TOTAL          | 1168                |                        |  |
| ιO   | 750844   | LAIMS AS A                                |                                      |                              |                              |                                    |          | L                            |            |                        | OTHER          |                     |                        |  |
| A.   | 116 .  | LAINIS AS A<br>L4(Column 1)               | MENDED                               | - PAN<br>(Colur              |                              | (Column 3)                         |          | SMAL                         |            | NTITY                  | OR             | SMALL               |                        |  |
| AMENDMENT A  | 1 - 1 - 3 - 0                                  | CLAIMS REMAINING AFTER AMENDMENT          |                                      | HIGH<br>NUM<br>PREVIO        | IEST<br>BER<br>DUSLY         | PRESENT<br>EXTRA                   |          | RATE                         | i          | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | · 26                                      | Minus                                | X                            | 6                            | =                                  |          | XS 9:                        | =          | \                      | OR             | X\$18=              |                        |  |
|  | Independent                                    | • 3                                       | Minus                                | ***                          | 3                            | =                                  |          | X43=                         |            |                        | OR             | X86=                |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDEN        |   |                                      |                              | CLAIM                        |                                    | ]        |                              | +          | -                      |                |                     |                        |  |
|  |  |   |                                      |                              |                              |                                    |          |                              | =          |                        | OR             | +290=               |                        |  |
|  |  |   |                                      |                              |                              |                                    |          | TOT<br>ADDIT. F              |            |                        | OR             | TOTAL<br>ADDIT. FEE |                        |  |
| (Column 1) (Column 2) (Column 3)   |  |   |                                      |                              |                              |                                    |          |                              |            |                        | _              |                     |                        |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGH<br>NUM<br>PREVI<br>PAID | BER                          | PRESENT<br>EXTRA                   |          | RATE                         | Ξ          | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                                | **                           |                              | =                                  |          | X\$ 9:                       | =          |                        | OR             | X\$18=              |                        |  |
|  | Independent                                    | *   | Minus                                | ***                          |                              | =                                  |          | X43=                         | =          |                        | OR             | X86=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |   |                                      |                              |                              |                                    | J        | +145                         | =          |                        | OR             | +290=               |                        |  |
| TOT.   |  |   |                                      |                              |                              |                                    |          |                              |            |                        | OR             | TOTAL<br>ADDIT. FEE |                        |  |
|  |  | (Column 1)                                |                                      | (Colu                        | mn 2)                        | (Column 3                          | <u>)</u> |                              |            |                        |                |                     |                        |  |
| AMENDMENT C  | `  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGH<br>NUM<br>PREVI         | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                   |          | RATE                         | E          | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | •   | Minus                                | **                           |                              | =                                  |          | X\$ 9                        | =          |                        | OR             | X\$18=              |                        |  |
|  | Independent                                    | *   | Minus                                | ***                          |                              | =                                  | 1        | X43=                         |            |                        | OR             | X86=                |                        |  |
| ¥  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                      |                              |                              |                                    |          | -                            | $\dashv$   |                        |                |                     |                        |  |
| +145=  |  |   |                                      |                              |                              |                                    |          |                              |            | OR                     |                |                     |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |   |                                      |                              |                              |                                    |          |                              |            |                        | OR             | TOTAL<br>ADDIT. FEE |                        |  |
| •••  | If the *Highest Nu                             | mber Previously P                         | aid For IN TH                        | IS SPACE                     | is less tha                  | an 3, enter "3."<br>a biobest sum! |          |                              |            | oropriale bo           | ox in c        | olumn 1.            |                        |  |